

Fill in this information to identify the case:

Debtor name Koleszar Farm LLCUnited States Bankruptcy Court for the: Eastern District of PA
(State)Case number (If known): 21-11653-amc☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1 Manuel and 348 Pineville Road Wilmington Trust ☒ D
Judith Antunes Street Nat'l Assoc. ☐ E/F
Newtown, PA 18940 ☐ G
City State ZIP Code

2.2 _____ Street _____ ☐ D
☐ E/F
☐ G
City State ZIP Code

2.3 _____ Street _____ ☐ D
☐ E/F
☐ G
City State ZIP Code

2.4 _____ Street _____ ☐ D
☐ E/F
☐ G
City State ZIP Code

2.5 _____ Street _____ ☐ D
☐ E/F
☐ G
City State ZIP Code

2.6 _____ Street _____ ☐ D
☐ E/F
☐ G
City State ZIP Code

Debtor

Koleszar Farm LLC
Name

Case number (if known) 21-11653-amc

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	
2.____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D	<input type="checkbox"/> E/F
			<input type="checkbox"/> G	